

**RHODE ISLAND AREA CAREER AND TECHNICAL SCHOOLS
APPLICATION – STUDENT DATA REQUEST FORM**

(To be completed by Student – Please print using ink or type)

NAME: _____ DATE OF BIRTH: _____
(LAST) (FIRST) (MI)

ADDRESS: _____ TELEPHONE #: _____
(STREET) (CITY/TOWN) ZIP

PRESENT SCHOOL: _____ CITY/TOWN: _____

COUNSELOR'S NAME: _____ TELEPHONE #: _____

IF NOT IN SCHOOL, LAST SCHOOL ATTENDED: _____ CITY/TOWN: _____ DATE LEFT: _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____ TELEPHONE #: _____

APPLICATION TO: _____ CAREER/TECH. SCHOOL ENTERING GRADE _____

VOC. PROGRAM CHOICE: #1 _____ #2 _____ #3 _____

The ten Rhode Island Area Career and Technical Schools encourage all students to make their selections of career and technical programs based on what they think their interests and abilities are.

SIGNATURE OF STUDENT: _____ DATE: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

TELEPHONE: _____ (HOME) _____ (BUSINESS TELEPHONE NUMBER)

(Acknowledgement of Participating School Officials)

COUNSELOR'S SIGNATURE: _____ TELEPHONE: _____ DATE: _____

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____

The network of the ten Rhode Island Area Career and Technical Schools does not discriminate on the basis of age, sex, sexual orientation, race, religion, national origin, color or disability in accordance with applicable laws and regulations.

Rhode Island regulations governing the operation of the career and technical schools ensures that every student has the right to apply, to be considered for admission and placement, and that the sending community is required to pay the tuition and transportation of all students who are enrolled in the career and technical schools.

NOTE: This form must be received at the area career and technical school by March 15th in order for the applicants to be guaranteed consideration for placement.

1. Student Copy 2. Career & Tech. Center 3. Guidance Office 4. Superintendent's Office